24 Carruthers: *Swelling on Right Vocal Cord*

Swelling on Right Vocal Cord: Case for Diagnosis.

By N. STUART CARRUTHERS, F.R.C.S.

E. B., FEMALE, aged 25. Works in boot factory.

First seen June, 1925, complaining of hoarseness. Onset had been gradual; patient noticed that it was worse towards the evening. X-ray report: "No evidence of tuberculosis of lungs." Wassermann negative. Physician's report on chest: "No clinical evidence of tuberculosis."

On examination a small isolated nodule was seen in the middle third of the right vocal cord, with minute vessels radiating from it. In spite of rest to the voice the condition has advanced. The greater part of the cord is now involved by an oval swelling, but there is still no clinical or X-ray evidence of pulmonary tuberculosis.

Discussion.—Mr. CYRIL HORSFORD said he regarded this as a common condition frequently seen in singers. The patient said she used to sing, and had noticed that after a vocal effort her voice became hoarse. The condition might be called fibroma; he believed it to be a result of vocal strain; there might have been hæmorrhage in the substance of the cord, and this might have become organized. He (Mr. Horsford) had never tried to treat these conditions, as it was difficult to influence them. The only hope for such patients was a change of vocal method, which would probably relieve the laryngeal irritation.

Sir STCLAIR THOMSON said he thought this was an innocent thickening, fibromatous, fibro-cystic, or lymphatic. He would like to hear from those who had tried to treat such conditions surgically whether they had not always failed. At one time the galvano-cautery was used for them. It would be an advantage to have a general agreement as to what was desirable in these cases; whether to leave them alone, dealing only with contributory causes in the mouth, or to treat them by any means other than local surgery.

Dr. JOBSON HORNE considered the condition was vascular in origin and due to strain of voice. He was not in favour of an endoscopic examination, as had been suggested; in the first place, complete rest of voice was indicated.

Sir WILLIAM MILLIGAN said that he disagreed with both the previous speakers, and regarded the swelling as a typical node, with some hyperplasia. It was a great mistake to condemn the use of the cautery in such a case, which, if treated merely by silence, would take ten years to cure. The node could be exterminated by the "direct" cautery, and no risk was attached to that procedure. He (Sir William) had treated many singers, some of them famous, who had suffered from nodes. He had always employed an anæsthetic, and had gently touched the site with the point of the cautery; the results had been excellent.

Dr. ANDREW WYLIE (President) said that at one time he had been enthusiastic about the use of the cautery, but a few years ago two or three very serious complications had occurred and had caused him to change his mind considerably. In one case treated by the cautery, he had been summoned to perform tracheotomy in the middle of the night. A similar event occurred three months later, and since then he had refrained from using the cautery, unless the growth was very small. He thought that vocal rest for fully six months would cure this patient.

Mr. CYRIL HORSFORD said he had seen many cases of this kind, and there was neither harm nor danger associated with them. The only real trouble was in the case of a professional singer, in whom absolute perfection of tone was desired. He did not recommend the use of the galvano-cautery in that case. He had seen this condition in professional singers, and it was most difficult to cure. The nodule was not on the edge but in the substance of the cord, therefore one could not interfere with it surgically by any cutting process, and it was not removable by cautery. A nodule on the edge of a cord might be touched lightly by the cautery, but a nodule in the centre so treated would be replaced by a scar, which would distort the cord and spoil its value for singing.

Sir JAMES DUNDAS-GRANT said that the cautery was useful in the case of nodules found at the junction of the anterior and middle thirds of the cord. He had a case supporting this view, that of a woman with a large family who had to use her voice a good deal. In the present case there was paresis of internal tensors, and vocal treatment should be given.

Mr. LAWSON WHALE said he agreed that there was paresis of the internal tensors in this case.

Mr. CARRUTHERS (in reply) said that this patient had not been kept absolutely silent, but for seven months she had not spoken above a whisper. In spite of this treatment the local condition had spread and she was very hoarse. Perhaps absolute silence would produce improvement. The patient worked in a dusty atmosphere in a factory where there was machinery and it was necessary for her to strain her voice in order to make herself heard.

Basal-celled Carcinoma of Larynx: Recurrence after Five and a Half Years.

By WALTER HOWARTH, F.R.C.S.

MRS. D., aged 58.

Operation: On June, 1921, the whole of the left ventricular band and the left vocal cord along with the anterior third of the right cord were removed. The case was fully reported in the *Journal of Laryngology*, June, 1922.

At the present time there is a small recurrence of the growth on the left side anteriorly.

Discussion.—Mr. LIONEL COLLEDGE said that before the operation the growth had extended to the opposite side of the larynx; therefore, if this was a genuine recurrence, he thought the whole front of the larynx on both sides—possibly even the entire larynx—would have to be removed. If the patient opposed an extensive operation, radium would be worth a trial, as this form of growth genuinely responded to its use.

Sir JAMES DUNDAS-GRANT said that if the patient were not opposed to operation, a portion of the growth might be removed for microscopical examination. But in view of opposition, it might be better not to take a piece away, as the procedure might conceivably stir up the trouble. Basal-celled carcinoma responded favourably to radium treatment.

Mr. HOWARTH (in reply) said that the patient was only opposed to an extensive operation which might involve loss of voice. He proposed to examine her in hospital by the direct method, and to remove a portion of the growth so as to ascertain whether it was a true recurrence or not. He thought more than laryngo-fissure would be necessary, because of the extent of the primary growth, even though it was a very slow-growing type of cancer, practically a rodent ulcer. If the patient would consent to operation he would expose the tumour and imbed radium in it, or carry out a limited excision.

Two Cases of Chronic Hyperplasia of Superior Maxilla.

By WALTER HOWARTH, F.R.C.S.

Case I.—.PATIENT, female, married, has noticed for the past four or five years a gradual swelling of the right upper jaw, quite painless in character.

The diagnosis rests on the long history, the minor character of the pain and the resultant deformity, together with the normal condition of the mucous membrane and absence of inflammatory phenomena, especially tenderness on pressure.

Macroscopic and microscopic appearances of a piece of bone removed show the typical structure associated with this condition, which was first described by Mr. Westmacott. X-ray examination shows areas of hyperplasia in the basisphenoid and also in the vault of the skull.